

**Marshall State School and Hospital  
and  
Marshall Regional Center for the Developmentally Disabled**

**P.O. Box 190  
Marshall, Mo. 65340**

**February, 1976**

## PREFACE

Marshall State School and Hospital is a state-supported facility which provides residential care and treatment for approximately 765 in-house residents and approximately 370 residents living in the community. The staff at Marshall State School and Hospital welcomes visits from parents and relatives as well as other interested individuals in the community.

Over the past several years Marshall has made great strides toward upgrading the care, training, and treatment for mentally retarded residents receiving services; and it is felt that much greater and more rapid progress will be evidenced in future years.

Marshall State School and Hospital is unique in that it has a Regional Center which provides services for the mentally retarded and developmentally disabled living in the community. The Regional Center is responsible for providing full services including evaluation, placement, short-term treatment and follow-up services, respite care and therapy services for the mentally retarded and developmentally disabled in the surrounding ten-county area.

The staff at Marshall State School and Hospital is endeavoring to do everything possible to provide for the individual needs of the mentally retarded through readily accessible high quality programs which are structured to assist each resident to reach his maximum potential.

Marshall State School and Hospital's future will include such things as 40 group home cottages housing eight residents each and providing a homelike environment which it is felt will enhance a more natural learning and development. Two of these 40 cottages will be designed to provide respite care for residents whose needs are best met by living in the community but who occasionally require temporary residential services provided by Marshall State School and Hospital.

## PHILOSOPHY AND OBJECTIVES OF MARSHALL STATE SCHOOL AND HOSPITAL

Marshall State School and Hospital recognizes the dignity of each individual and his right to develop his potential to the greatest extent possible within the least restrictive environment.

We believe that the resident's or client's right to treatment, training, and habilitation are preeminent. The individual resident has the same basic constitutional rights as everyone else and these rights shall be maintained. The resident or client has the right to complete current information concerning his or her diagnosis, training, treatment, and progress.

The Marshall State School and Hospital will strive to provide a humane environment and qualified staff in sufficient numbers to administer individualized treatment or training programs and provide for continuity of treatment and training for each resident. Our residents will not be involved in research unless there is informed consent. The residents shall be free from unnecessary and excessive medication, physical restraint, isolation, and unusual or hazardous treatment or training procedures. Whenever feasible, voluntary admission to this facility is preferred as an alternative to court commitment.

It is the belief of the Marshall State School and Hospital that the needs of the developmentally disabled are most effectively met when recognized and treated at the earliest stage feasible. It is therefore the goal of this facility to provide services on an outpatient basis, utilizing existing community resources and encouraging the development of needed services within the community.

Marshall State School and Hospital shall provide as high a quality individual program care, training, and treatment for retarded individuals as is feasible and shall also strive to provide a homelike environment conducive to the conservation and development of human abilities with full recognition of the dignity and integrity of the individual resident.

The retarded resident is viewed as having potential for growth and development, this potential being not limited to a static or fixed value but only by insufficient opportunities for appropriate education and training. Therefore, it is the goal of this facility to provide a full program of education and training for the developmentally disabled not contingent upon age or severity of handicapped condition. It is also the goal of this facility, since it recognizes the necessity to develop staff with sufficient skills to provide individual treatment programs, to therefore develop and maintain training for its staff.

In summary, the primary goal of Marshall State School and Hospital is to provide quality services for the mentally retarded and other developmentally disabled individuals on a residential and outpatient basis which is to include evaluation, treatment, training, and habilitation.

## PRINCIPLES OF MARSHALL STATE SCHOOL AND HOSPITAL

In order to maintain the stated philosophy and reach our goals, Marshall State School and Hospital shall be guided by the following principles:

1. Marshall State School and Hospital shall provide services at the time of need as close to the person's community as possible.
2. Marshall State School and Hospital shall respect the rights and dignity of its clients.
3. Marshall State School and Hospital shall preserve the positive attributes of its clients.
4. Services shall be provided by competent and professional personnel of the Marshall State School and Hospital whose skills are appropriate to the needs of the clients.
5. Marshall State School and Hospital shall provide services to persons regardless of race, creed, sex, or national origin.
6. Marshall State School and Hospital shall provide an atmosphere which permits the clients to have or maintain maximum possible family and personal relationships.
7. Marshall State School and Hospital shall provide services in an organized and measurably effective manner.
8. Marshall State School and Hospital shall provide a program that is fiscally responsible.
9. Marshall State School and Hospital shall provide an atmosphere of positive mental and physical health.
10. Those clients restored to satisfactory adjustment in the community shall have the right to pursue a normalized life with little or no further monitoring.
11. Marshall State School and Hospital shall utilize a planned approach to treatment.

## RESIDENTS' RIGHTS

Marshall State School and Hospital, as a facility of the Missouri Department of Mental Health, is charged with the responsibility of guaranteeing each resident the following rights:

1. To see a physician within 24 hours of coming into the facility.
2. To have adequate mental health services and treatment in as open a setting as possible.
3. To have an individual treatment plan.
4. To have this plan explained clearly and understandably.
5. To know the name of the person in charge of the treatment.
6. To know what medication has been prescribed and why.
7. To know approximately the length of hospitalization.
8. To take part in planning his discharge.
9. To have prompt medical treatment when ill.
10. To wear own clothing when possible or to have hospital clothing that is fashionable, seasonable, and fits.
11. To keep and display personal belongings unless the physician says no and writes the medical reason in the resident's record.
12. To have a healthful, nutritious diet suited to individual medical needs. Food cannot be stopped as punishment or to change behavior.
13. To bathe, shower and meet personal hygiene needs at any reasonable time.
14. To have an opportunity for regular physical exercise.
15. To participate in religious worship and have special religious diets whenever possible.
16. To send sealed letters to the Hospital Superintendent, Director of the Department of Mental Health, Courts, Legislators, Governor, personal physician, attorney, family or anyone who can release resident.

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17. To be given writing materials and reasonable use of telephone if there is no money available for the resident.
18. To meet with personal physician and attorney at all reasonable times.
19. To have visitors unless the physician says no and writes the medical reason in the individual's record.
20. To be treated courteously and be free from verbal and physical abuse.
21. To take part in research or experiments if these are explained and individual agrees; however, the right to change mind and withdraw is reserved.
22. To have bills and charges for mental health services explained.
23. To exercise civil rights unless declared legally incompetent.
24. To have above rights regardless of race, creed, religion, culture, sex, or age.

These rights are posted on all bulletin boards.

This facility has a Human Rights Committee, composed of a physician, minister, psychologist, educator, social worker and registered nurse. The purpose of this committee is to ensure the protection of the resident's rights. This is accomplished by reviewing research requests, restraint orders and all reported alleged violations and recommending a course of action.

## DEPARTMENT OF MENTAL HEALTH

The Missouri Department of Mental Health, under which this facility operates, is responsible for providing mental health, mental retardation-developmental disability, alcohol and drug abuse diagnostic, treatment, habilitation and rehabilitation programs for Missouri citizens. Services are provided equally to all regardless of race, creed, sex, religion, or national origin. Fees for services are based on ability to pay and no one will be refused services because of financial resources.

Funds to operate the Department's programs are appropriated by the General Assembly with some funds also coming from the Federal government. (The federal funds are generally earmarked for special purposes--such as a hospital improvement grant or alcohol program funds.) The total Department budget for fiscal year 1974-75 is \$98 million in state funds and \$12.3 million in federal funds.

All fees collected for services are put into the state's general revenue fund and not retained by any facility.

The Department operates 24 separate facilities; sixteen are facilities serving the mentally retarded-developmentally disabled. In addition, many of these 24 facilities also operate satellite, or community based, clinics and programs.

Almost 74,000 individuals received services from the Missouri Department of Mental Health in the fiscal year 1974-75.

The Missouri Governor appoints a seven man state Mental Health Commission which meets monthly to advise on the Department's operation. The Commission also appoints a director who is head of the Department.

As of March 1, 1975, there were 10,863 individual Department employees. The Missouri Department of Mental Health and its employees function under Missouri State Merit System rules and regulations.

The Omnibus State Government Reorganization Act, effective July 1, 1974, established a division of mental retardation-developmental disabilities within the Department of Mental Health. This is the only division established in the Department by state statute.

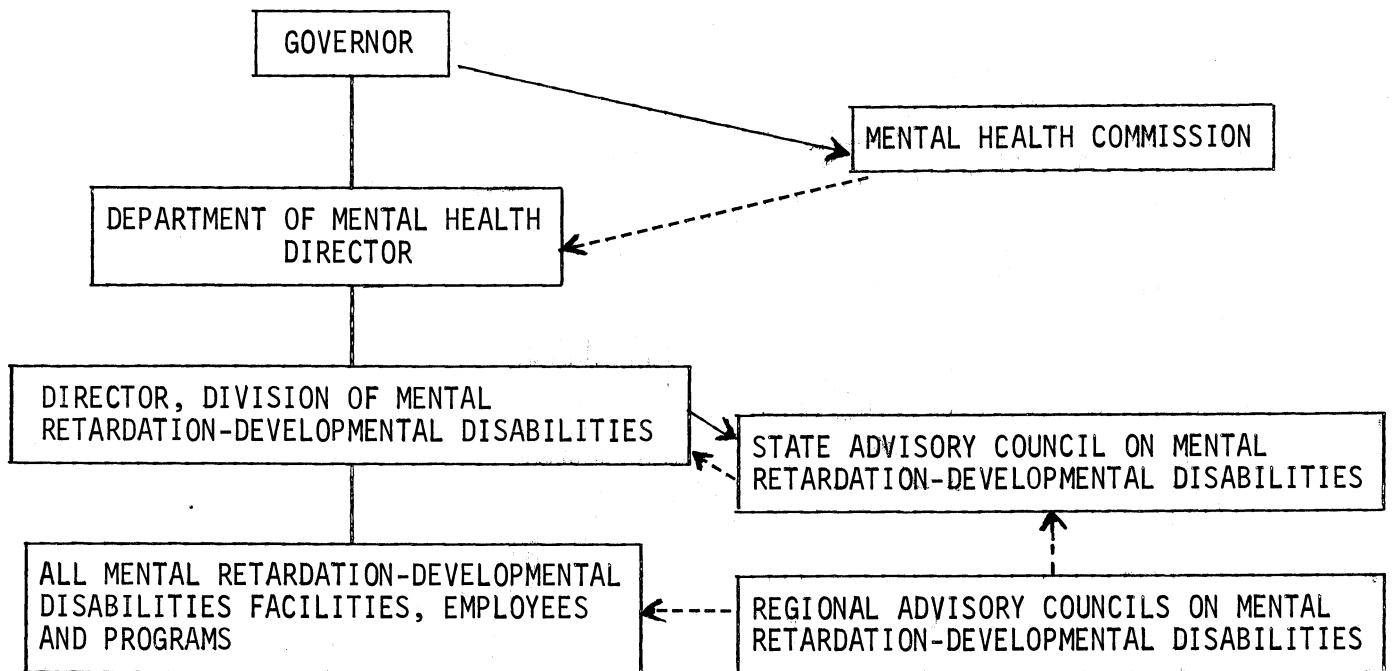
A division director, appointed by the Department director, is responsible for administering all mental retardation-developmental disabilities programs operated by the Department. The division director also appoints the State Advisory Council on Mental Retardation-Developmental Disabilities. This group advises the division director on all matters related to the Department's retardation-developmental disabilities programs. There are also 11 regional councils to assist in planning and program development.

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The division of mental retardation-developmental disabilities operates the following facilities: state school-hospitals in Marshall, Higginsville, Nevada, and St Louis; regional centers for the developmentally disabled in Albany, Hannibal, Joplin, Kansas City, Kirksville, Marshall, Poplar Bluff, Rolla, St. Louis, Sikeston, and Springfield, and the St. Louis Developmental Disabilities Treatment Center.

### ORGANIZATION CHART

#### DIVISION OF MENTAL RETARDATION-DEVELOPMENTAL DISABILITIES





## MARSHALL REGIONAL CENTER

for the

## DEVELOPMENTALLY DISABLED

The Marshall Regional Center for the Developmentally Disabled is located on the grounds of the Marshall State School and Hospital, Marshall, Missouri. It was officially established August 18, 1975.

The Center has in reality been in existence since January 1, 1972. Initially it provided follow-up services for clients who had been placed from the facility in its ten-county catchment area. Diagnostic services were primarily provided by the various regional diagnostic clinics.

In 1973, this Center began doing diagnostic evaluations for clients on an outpatient basis. This increase in services to the ten-county area was made possible by the addition of three staff members to the Center.

In December, 1974, a Manpower Grant was awarded to the Marshall State School and Hospital and the additional five staff members were placed in the Center to provide community services for those clients working in competitive or sheltered employment in the ten-county catchment area.

The Center staff will be assigned two of the new group homes to house sixteen clients for extended evaluations, respite care and short term treatment during the early part of 1976. An increase in staff for these cottages and their services will be necessary.

The ten counties in the catchment area are Boone, Carroll, Cooper, Chariton, Howard, Moniteau, Morgan, Pettis, Randolph, and Saline. Together, they are known as Region 10.

The Center serves the developmentally disabled in the following ways:

- Evaluation
- Social Education
- Training in Self-Help Skills
- Family and Educational Counseling
- Community and Educational Consultation
- Emergency or Short-Term Family Relief
- Continuing Supportive Follow-up
- Foster care and Group Home Placement and Supervision.

The Center's professionally trained staff includes special educators, social workers, counselors, recreational therapists, a psychologist, physicians, nurses, a physical therapist, an audiologist-speech pathologist, and specialized consultants.

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All fees are assessed according to each family's ability to pay and services are available to all on a non-discriminatory basis. The maximum fee charged to parents for a complete evaluation is \$10.00.

Consultations are provided to schools and other community organizations without charge at this time. The consultations may include:

- \*Individual Student Evaluation.

- \*Individual Student Program.

- Screening of student population to determine school and community needs.

- Information related to community resources and how to use them.

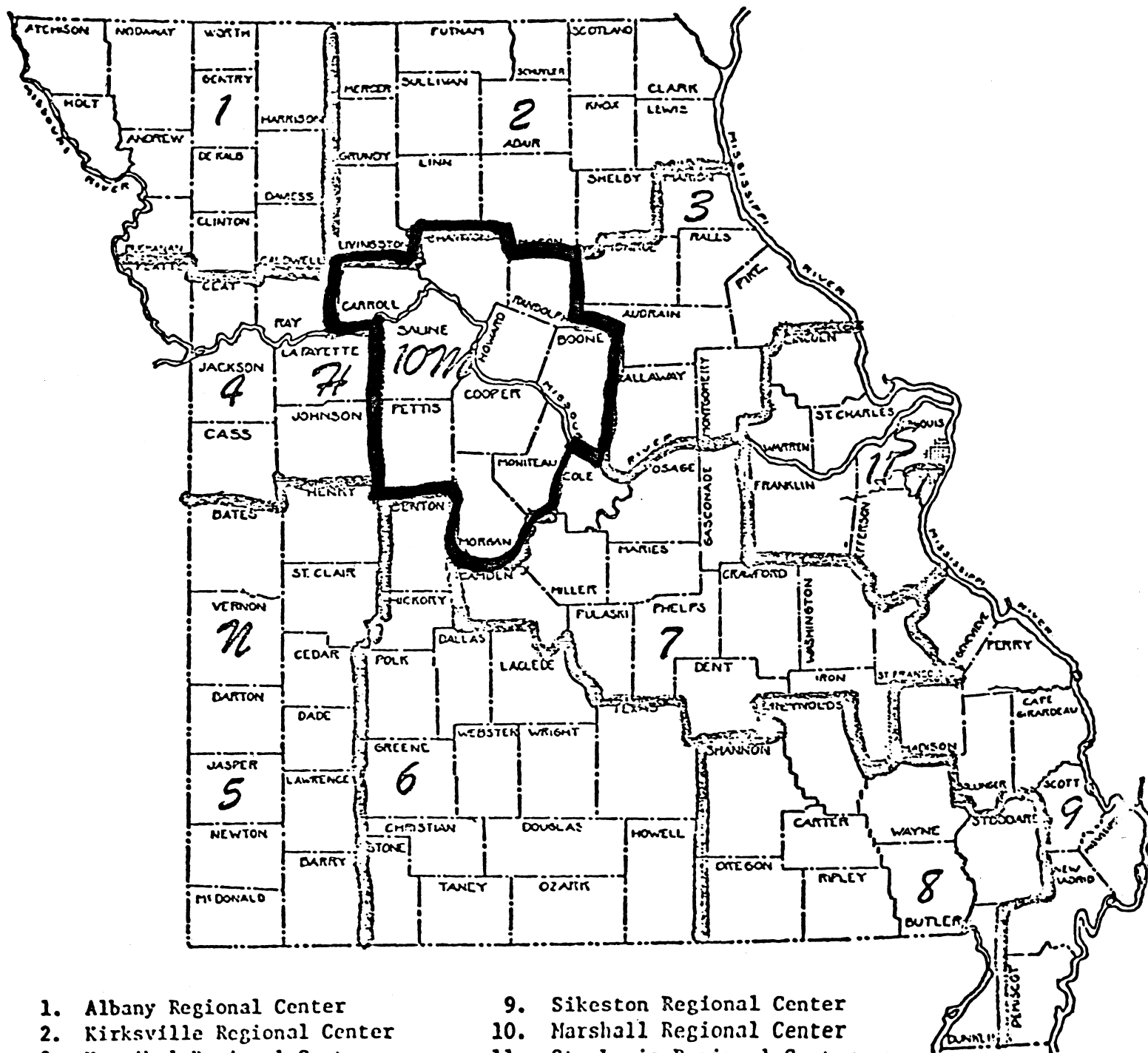
- Inservice education for staff related to:

1. Use of testing materials.
2. New teaching programs for the developmentally disabled.
3. Behavioral management techniques.

\*These services are only provided if the schools or community organization is unable to provide them. These evaluations and programs would be for the school or community organization to use in the best interest of the citizens they serve.

# MISSOURI'S REGIONAL CENTERS & THEIR SERVICE AREAS

## Division of Mental Retardation - Developmental Disabilities



1. Albany Regional Center
2. Kirksville Regional Center
3. Hannibal Regional Center
4. Kansas City Regional Center
5. Joplin Regional Center
6. Springfield Regional Center
7. Rolla Regional Center
8. Poplar Bluff Regional Center

9. Sikeston Regional Center
10. Marshall Regional Center
11. St. Louis Regional Center
- N. Nevada State School-Hospital
- M. Marshall State School-Hospital
- H. Higginsville State School-Hospital
- S. St. Louis State School-Hospital
- T. St. Louis Developmental Disabilities Treatment Center

## ADMISSIONS POLICIES AND PROCEDURES

It is presently the policy of the staff to request that all new applications for admission be referred through the Regional Centers for the Developmentally Disabled. With this procedure, it is possible to obtain an excellent diagnostic evaluation or to get a valid review of any diagnostic work-up already done. The procedure allows the local Regional Center to look at the applicant in terms of what resources are available for care, treatment and training in the community. If, after the Regional Center has had a chance to evaluate the applicant with these resources in mind and feels that he would best fit into the programs at Marshall State School and Hospital or that there is a definite inadequacy of programs for this applicant in the community, the referral is made for admission. It is possible in a rare instance that an admission can be made directly to the facility, but it is still preferable that a pre-admission evaluation be done in the Regional Center.

On receipt of the application for admission, a file is made up and the materials available are referred to the appropriate Unit with which this applicant would be involved if admitted. The Unit also acts as an admissions board. It reviews the available material and requests any other pertinent materials required to make an adequate evaluation. The Unit social worker contacts the parent or relative for a pre-admission visit to the School. If this is not possible, a pre-admission type of visit may be done in the home, but the staff prefers that parents or guardians visit the School so as to know the institutional setting prior to the time of admission. In this manner it is possible for them to get a complete look at the programs and services available for their child. Also, the Unit social worker has an opportunity to assess the parents' feelings about institutionalization and in some instances to help the parents with decisions they must make prior to admission of the applicant. The policy is to admit residents when this is the most appropriate environmental setting to assist the client in reaching his potential, or in those instances where a family emergency prevents continued care within the family and community.

Once the Unit has agreed to admission and the Superintendent has concurred, a letter with a tentative admission date is sent. When the resident arrives at the facility, he is met by the Unit social worker.

Appropriate developmental medical histories are taken, physical examinations are completed and admission is made to the Medical Surgical Unit. The Unit social worker provides information concerning the child's residential care and tries to answer all questions related to the separation of the resident from the family. At this time the Unit social worker tries to fill in the necessary gaps in information concerning the child, to study the interaction of the family with the child, and to assess the potential capabilities of this resident for returning to the community.

## HISTORY

The 40th General Assembly, meeting in 1898, established the Missouri Colony for the Feeble-Minded and Epileptic, to be located, constructed, and supervised by a Board of Managers including three men and two women appointed by the Governor.

Meeting in Jefferson City August 24, 1899, the Board chose a site in the northeast corner of Marshall, Saline County, from several areas offered.

The new colony was opened April 1, 1901, with one building completed and the foundation of another. (The original building known as A Hall, is in use at this writing but scheduled for eventual demolition.) There were 60 males admitted during the first year and 60 females the following year.

### Agriculture Vitally Important

The population increased as more buildings were constructed, and the chief occupation of the colony--agriculture--gained importance.

The farming operation provided food for the residents, conserving the taxpayers' money. Additional acreage was rented to provide room for crops, poultry and livestock. A registered Holstein dairy herd produced nearly all needed milk and won recognition for its production. Horse drawn wagons were used for sundry chores. The acreage, being part of fertile Saline County, produced well, hindered only by such factors as drouths and floods.

### Construction on North and South

Several of the mainside buildings were constructed and joined by a corridor between the years 1901 and 1949. During this time, six separate cottages were also constructed on the South side of the main road. One of these cottages was constructed exclusively for residents with tuberculosis. These persons were later transferred to another facility, and, in the fall of 1967, this building became the headquarters for the newly established Vocational Rehabilitation Unit.

### Units Out of Town

The addition of two out-of-town units and the period during which they were part of the Marshall facility provides another chapter in this History.

In 1939, the former State Children's Home at Carrollton - 30 miles away - was added to the property of the facility, which in 1925 had become the Missouri School for the Feeble-Minded and Epileptic. The Carrollton Unit was opened with 60 girls and 80 boys, all former residents at Marshall.

In 1953, a site was selected for another facility for the mentally retarded to be supervised by the administrators at Marshall. This was the former Confederate Home at Higginsville, also approximately 30 miles from Marshall but almost directly West, whereas the Carrollton Unit was north-east. Construction at Higginsville was started in 1954, and on June 1, 1956, the first two cottages were opened.

In 1959, these three units were designated by the General Assembly as individual State School-Hospitals. They were informally grouped together as the Marshall State School and Hospital complex. The three facilities continued to operate under one administration until July 1, 1970, when the Higginsville State School and Hospital became a separate entity.

The Carrollton Unit was closed in 1974 with all residents being relocated at the Marshall facility.

#### Hospital Addition Opened

The year 1970 also brought the opening of the modern addition to the Acute Hospital, or Medical Unit, and the demise of the farm operation.

Changing concepts in treatment of the mentally retarded presented the individual in a vocation of his choice and in a living situation outside the large facility whenever he was considered prepared to leave.

#### Unit System Replaces Teams

Early in 1972, the staff of Marshall State School and Hospital was reorganized into separate Units, each Unit preparing to receive those residents whose evaluations indicated that a particular Unit would be most helpful.

With the arrival of the current Superintendent later that year, an attempt was made to locate these Units in separate geographical areas on the campus.

New living areas were proposed and funded by the General Assembly, and in September, 1974, ground was broken for the first of these 40 new group homes, with the Governor taking part in the ceremony.

Also adding to the comfort and enjoyment of the residents during this period were the first Foster Grandparent Program, launched in 1972; the Residents' Community Center, opened in 1973; and the Clothing Store, established in 1974.

The Regional Center, originally called the Community Services Unit, was developed to the point of providing full community services in 1973.

## THE UNIT SYSTEM

The Unit System at Marshall State School and Hospital is composed of four separate Units functioning within the facility.

The concept was originated at the facility early in 1972 and is considered a departure from the old "treatment team" idea for several reasons. The Unit System is an organizational structure within itself and each Unit Director has supervisory authority over all employees assigned to his Unit and is responsible directly to the Superintendent via the Assistant Superintendent (Treatment). He provides the employees the direction required to implement treatment programs for the residents in that Unit.

Each Unit serves a different group of residents based on certain criteria as follows:

<u>Resident Activation Unit</u> (Program 15)	non-ambulatory and semi-ambulant residents of all ages.
<u>Adult Activation Unit</u> (Program 16)	ambulatory residents 16 years or older and regarded as severely and profoundly retarded as defined by AAMD classification.
<u>Youth Motivation and Child Motivation Unit</u> (Program 17-18)	ambulatory residents 0-21 years of age, all levels of retardation.
<u>Socialization-Rehabilitation Unit</u> (Program 19)	ambulatory, 16 years and older, mildly to severely retarded.

Each program has its own goals and objectives as dictated by the needs of the residents. These needs also dictate the type and amount of staff required for each Unit. Basically, each Unit staff consists of the Unit Director and any or all of the following disciplines -- social work, activity therapy, education, speech therapy, psychology, nursing, vocational rehabilitation, occupational therapy and physical therapy. The Unit Director and each staff member, with the assistance of ward personnel as required, originate the Treatment Plan. It is the responsibility of the Unit Staff to evaluate each resident's needs, make recommendations concerning those needs, and follow up the carrying out of those recommendations.

The Units differ greatly in size due to their definitions. The smallest Unit is Program 17-18, serving approximately 100 residents, while the largest is Program 16, serving approximately 360 residents. Some Units serve residents who, by strict definition, should be served by another Unit but whose needs may be best met in some other area.

It is this collaboration and consultation between Units that prevents "pigeon-holing" of the citizens served and provides the best available programs. When it is obvious that a certain Unit is not suitable for a resident, transfer is recommended by the Unit staff to a more appropriate Unit.

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The Units have adopted behavioral assessment scales as the measurement vehicle for admissions and transfer of residents rather than I. Q. since it is the philosophy of the Unit System to meet each resident's needs as fully as possible.

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### PROGRAM 15

The Resident Activation Unit (Program 15) consists basically of that portion of the Marshall State School-Hospital population who are mentally retarded and physically handicapped. These residents will reside in J-2, J-3, K-1, K-2, K-3, and L-1 following construction of the new group homes. There are approximately 180 residents who meet the criteria for this Unit, which is inability to independently ambulate. To advance to any other program in the facility, the resident must be able to initiate and carry through with ambulation.

The program goal established in accordance with the philosophy of this facility is to provide each resident individualized programs in a homelike and humane environment conducive to the development of the skills and attitudes necessary to return to community living.

To attain our stated goal or mission, it will be necessary to provide the following services through the following objectives:

1. To correct current and prevent further handicaps through physical therapy and occupational therapy.
2. To provide systematic nursing care to prevent or correct medical problems.
3. To provide the activities necessary for independent living both physically and socially.
4. To provide education programs in self-care skills, environmental awareness, social response and academic readiness.
5. To provide the evaluative service necessary to determine the needs and progress of the resident's program.
6. To insure there is no violation of the resident's human rights.
7. To provide a clean, hygienic and homelike environment.



## ADULT MOTIVATION UNIT

### (PROGRAM 16)

This Unit includes those persons who are 16-19 years of age or over, who have purposeful ambulation, and are not yet considered able, in the areas of physical development and/or abilities acquired, to accept sheltered or competitive employment.

There are approximately 360 residents in this Unit. Following completion of the new group homes, the Unit expects to be housed in Cottages One, Four, Five, and Six; L Building; F-G Hall, and perhaps several of the group homes.

These residents are being divided into smaller groups, in accordance with standards set by the Intensive Care Facilities.

The long-term goal for these residents is return to the community -- in their own homes, foster homes, or nursing homes, and possibly work situations.

Short-term goals include the establishment of a homelike environment and the establishment and continual reevaluation of programs for each individual resident based on his or her Behavioral Assessment results.

Simultaneously, each staff member continues his or her efforts to improve his or her own knowledge and skills, and recruitment is directed toward staff members possessing improved knowledge and skills -- so that the highest quality of care and treatment are offered to the residents.

The Unit Staff encourages resident participation in Central Education, Religious Nurture, and the many activities available, including trips off grounds to ball games, circuses and fairs.

Pursuant to the Unit goals, ward areas are gradually being furnished and decorated in the manner of rooms in private homes. Feeding skills and other self-help skills, social skills and -- for those who are ready -- job skills are being strengthened in preparation for advancement to Program 19 and, beyond that, to life in the community.

## PROGRAM 17-18

The Youth Motivation and Child Motivation Units are basically concerned with those residents who are considered ambulatory and are age 0-12 (Program 18) and 13-21 (Program 17). There are varying degrees of intellectual and behavioral functioning in this group of residents making it necessary for each discipline within the Unit to assist in ascertaining the necessary evaluations so that Unit goals and objectives will be realistic. This interdisciplinary approach within the Unit consists of special education, psychology, therapeutic recreation, social service, and nursing.

The ultimate aim of Program 17-18 shall be to foster those behaviors for residents 0-21 years of age, who are ambulatory, that maximize the human qualities of the resident, increase the complexity of his behavior, and enhance his ability to cope with his environment utilizing the principle of normalization.

The Unit is a composite of two separate buildings, E Hall and Cottage 3. There are currently two living units in the E Hall program and six living units in the Cottage 3 program. Male and female residents under the age of 21 years reside in both areas and receive programming in self-help skills, recreation, and education through a behavior modification methodology. The population of E Hall is 27 residents and there are 71 in Cottage 3. There are usually no more than 13 residents in each living unit. The Cottage 3 living units are named according to decor: Northwest Unit--Snoopy Lane; West Unit--Teddy Bear's Den; Southwest Unit--Bambi and Friends; Northeast Unit--Mickey Mouse Club; East Unit--Raggedy Ann and Andy Playhouse; Southeast Unit--Circus World. Although residents are heterogeneously grouped by living units, sleeping arrangements are divided by sex.

The Unit is eagerly awaiting relocation into 10 of the new group homes to be completed in September, 1976. These living units will provide a home-like environment for eight residents each, and will provide facilities more conducive to Program 17-18 program aims.

## SOCIALIZATION-REHABILITATION UNIT

### (PROGRAM 19)

Assigned to Program 19 are those residents considered to have potential for returning to the community--in either sheltered or competitive employment.

Following completion of the new group homes, these persons will reside in 13 of them. There are approximately 150 residents in this Unit.

All activities within the Unit are directed toward the development of the principle of normalization. The staff strives to create for the residents "an existence as close to the normal as possible," making available to the resident "patterns and conditions of everyday life which are as close as possible to the norms and patterns of the mainstream of society, as is stated in the Standards of the Joint Commission on Accreditation of Hospitals.

Program goals are these:

1. To develop through the multi-disciplinary team approach, a resident who will return to the community and become a productive member of the community.
2. Through multi-disciplinary programs, provide for the resident an educational living environment directed toward the rights of the residents as individuals and away from the traditional institutional structure.

Program objectives include:

1. Develop a resident who has an awareness of his/her human rights.
2. Develop each resident's active involvement in an individualized treatment program.
3. Develop a resident who is directed away from the traditional institutional functioning.
4. Develop a resident who has an orientation to social expectations.
5. Develop a resident who is able to make satisfactory adjustment to community living.

## MEDICAL UNIT

The Medical Unit is housed in a modern 60 bed hospital with clinical area, emergency room, modern laboratory (subscribing to a proficiency testing program and a consulting pathologist for autopsies and review), a dental department, speech-hearing clinic, pharmacy, X-ray room, and Central Supply area.

Services offered by the staff include physical therapy, electrocardiography (EKG), electroencephalography (EEG), and escort by nursing service to other health care agencies when necessary.

The objective of this service is to deliver high quality individualized medical diagnosis, treatment, and care. Patients' ages, illnesses, and needs vary greatly as this facility carries full community services for diagnosis and treatment for a ten-county area, and is available for state-wide admissions to the Medical Unit for hospitalization from other mental retardation facilities and/or regions.

Consulting medical service includes in-house clinics aiding medical diagnostic work, consultants in otolaryngology, dermatology, orthopedics, podiatry, internal medicine, pediatric-neurologist who assists in outpatient evaluations, and a cardiologist who presents inservice classes for professionals.

The Medical Unit is an admission center for the entire facility and is responsible for pre-employment staff physicals and immunization program. All employee injuries are processed through this unit.

Dental service is available to residents, outpatients, family care and trial visit placements and from mental retardation facilities and regions. Services of dental work include extractions, prophylaxis, fillings, and work under general anesthesia for patients unable to cooperate while in the waking state. Bridges, crowns, full and partial dentures are constructed for those who can accept them and who are in need of such work for cosmetic and physical reasons.

In the Physical Therapy Center, specific problems (such as the need for bracing) are evaluated by the Physical Medicine and Rehabilitation Department of the University of Missouri Medical Center. Programs are prescribed to meet the individual needs of the residents and carried out by the Registered Physical Therapist and trained physical therapy aides, either in the Center or individual wards. The Physical Therapy Center is equipped to offer various treatment modalities such as whirlpool baths and ultra-sound treatments.

Registered Nurses and a supporting staff of Licensed Practical Nurses and Psychiatric Aides help maintain high standards of nursing care. Intensive care is provided for the acutely ill; isolation for prevention of the spread of communicable diseases; individualized services are provided for the care of the convalescent, pediatric, and infant who are poor candidates for services elsewhere in the facility's ten-county catchment area.

## CENTRAL EDUCATION

The Central Education Program consists of three basic programs which are called the Title One Program, the Learning Center, and the Vocational Training Program.

The primary goal of these three programs is to provide educational experiences which meet the individual academic, social, vocational, and emotional needs of the residents at Marshall State School and Hospital.

A resident may be enrolled in this program through the following procedure: A Referral Form is submitted by the Unit staff and a 30-day diagnostic evaluation is conducted by the Education staff. The evaluation includes educational or vocational testing by qualified professionals, using both standardized and informal testing procedures. If the results of this evaluation show that the program will meet the needs of the resident, he is enrolled. Although very few residents are rejected for enrollment, rejection does occur if the child is not ready for a structural classroom and if another program would be more suitable for his needs.

The educational program operates on three basic time intervals. The Title One Program operates on an individual schedule established for the best development of each student. The Learning Center program holds eight classes daily, each 45 minutes in length. The Vocational Educational Program holds classes in three hour blocks with individualized instruction ranging from 30 minutes to four hours.

The Title One Program staff consists of two certified Special Education Teachers, one Speech Therapist, and one Educational Assistant, with a resident-staff ratio of no larger than 6 to 1. This staff is assisted directly by the Physical Development Program and supportively by the other Education programs. Classes are being established in the Cottage Three Complex as soon as the evacuation of the Youth Motivation-Child Motivation Unit into the new group homes occurs. Each resident is provided with individualized programs, with specific behavioral objectives developed by the responsible teacher in basic developmental social behavior and self-help training.

The Learning Center Program staff consists of four certified Special Education Teachers and eight Educational Assistants, with a resident-to-staff ratio of 6 to 1. The physical aspects of the program include eight classrooms for ambulatory residents and two classrooms for non-ambulatory residents. The rooms are painted in bright multi-colors with carpeting and air-conditioning in most rooms. A wide range of equipment and instructional materials are available for individualized programs. Each resident has an individualized program with specific behavioral objectives developed by the responsible teacher in basic academics, social behavior, and self-help skills.

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Currently, an Activity Therapy Program is being combined with that of the Learning Center. The primary goal of this program is to provide each individual enrolled with a therapeutic program that will enable him to reach his maximum potential.

The Activity Therapy Program includes Recreation (bowling, skating, movies, holiday parties and field trips to circuses and fairs), Music Therapy, and Arts and Loom Crafts.

The Activity Therapy staff supervises the Residents' Community Center, designed to provide residents with true-to-life experiences through which they can learn money management and practice decision making, as well as socialization.

The Community Center includes a Music Therapy Room, Barber and Beauty Shops, Recreation Room and Listening Room, as well as the popular Ice Cream Parlor.

The Residents' Library, now located in the Community Center, will soon become partially utilized for a multi-sensory program area for many of the facility's blind residents.

The Activity Therapy staff is also involved with selecting and training teams for the Special Olympics. Since 1969, Marshall State School-Hospital has been a forerunner in the implementation and coordination of the Missouri Special Olympics program. The very first Missouri Olympics event was held in Marshall at Missouri Valley College.

The Vocational Training Program Staff consists of two Vocational Instructors, one Teacher IV, one Teacher III, one Guidance Counselor, one Vocational Supervisor, and five Educational Assistants. The resident-to-staff ratio is 7-1. The training program is sub-divided into the following programs:

1. Pre-Sheltered Workshop, simulating an actual community workshop and teaching specific vocational skills that would allow a resident to function in a community sheltered workshop.
2. Food Service, in which residents actually prepare and serve meals to approximately 30 staff members per day. The goal of this program is to teach specific food related job skills.
3. Housekeeping, teaching skills related to housekeeping and light maintenance. The goals of this program are to provide skills that can be used by residents in a community home and also have related vocational potential.
4. Building and Grounds, acquainting the resident with the use of basic repair tools used in a home environment.

(continued)

5. Greenhouse, a program designed to serve as an evaluation setting to move residents into a more advanced program and to also serve as a terminal situation for residents who display limited functional abilities. A major emphasis is to grow vegetables and plants for sale, with money being paid to the resident.
6. Work Activity Center, a recently established program under a not-for-profit corporation, governed by a board of directors. This program also serves as an evaluation site and as a terminal situation in which residents can earn money on a basis commensurate with their needs.
7. Nurses Aid Helper, designed to train students in nursing services for simple and routine tasks for Nurses Aid Helpers.

The education program at Marshall State School-Hospital is a continuous flow process existing for the development of each resident. As a student progresses through these programs, he becomes academically, behaviorally, and socially capable of existing in a community setting.

## SOCIAL SERVICE

The Social Workers who are assigned to each Unit are involved in almost every aspect of the resident's life from the time of the initial contact for services, while in residence at this facility, and when placed back in the community.

When an inquiry is made regarding services, it is usually the Social Worker who meets with the client and family to obtain necessary information as to what services are needed. This will also entail communication with appropriate Department of Mental Health facilities and other agencies. The Social Worker makes the necessary arrangements with the client, parents and referring agencies for the admission. While the client is in residence at this facility, the Social Workers in the Unit assist in seeing that the programming meets his individual needs. He also serves as a liaison between the resident's family, courts and other agencies to insure that the resident's rights and needs are respected. This is done by contacting interested parties as to the client's progress, arranging vacations and answering questions regarding the resident's care and training. The Social Worker counsels with the resident and serves as his advocate.

When it is indicated that the resident is ready to return to the community, the Social Worker is involved in finding an appropriate placement. When the client is placed, the Social Worker continues to monitor his progress and sees that adequate supervision is available.



## PSYCHOLOGICAL SERVICES

The general purpose of the psychology staff is to provide psychological services to the residents of the facility. These services may take any of the following forms:

- A. Psychological Assessment -- The purpose of psychological assessment is to provide a meaningful description of the resident's current level of intellectual, emotional behavioral functioning. For example, assessment may attempt to answer questions regarding an individual's intellectual or social strengths and weaknesses as compared to others of his own age. Emotional-behavioral assessment provides information regarding things an individual can and cannot do for himself. It can also provide an objective picture of the extent and nature of an individual's socially acceptable and unacceptable behavior.
- B. Treatment -- The basic goal of treatment is to help each resident develop to his maximum potential. The treatment strategies available through the psychology staff range from behavior modification to psychotherapy and counseling. The psychology staff provides treatment services as part of the multi-disciplinary treatment team through direct resident contact or as suggestions and recommendations to other members of the team.
- C. Education and Evaluation -- Through education and evaluation, the psychology staff attempts to disseminate the knowledge and processes that effect quality treatment. Evaluation of current programs identifies the most effective techniques and methods which facilitate resident learning. Education through formal staff classes, group conferences and discussion with service groups disseminates information to other professionals and lay persons which facilitates the treatment goals at Marshall State School-Hospital.

In the past, a psychologist has provided an assessment of an individual's intellectual ability. However, this has not been enough. In so far as possible, the psychologist now attempts to consider the whole person in assessment and treatment and to expand his knowledge and the knowledge of others.

## RELIGIOUS NURTURE PROGRAM

The Religious Nurture Program is endeavoring to help each resident grow in his relationship to God and fellow man.

This is accomplished in a variety of ways. Religious Education and Nurture classes are especially prepared for the areas where they are conducted. They feature religious songs and choruses, Bible stories, and simple handiwork -- all designed to involve the skills of recognition, repetition, and participation through which their sense of worth and dignity can be affirmed and developed.

Also included are individual and group counseling sessions, visits to living and recreational areas, hospital calls, bereavement visits, choir practice, worship services, and the opportunity to continue worshipping in the individual's chosen faith.

Sharing in these services are Protestant and Catholic Chaplains, a Jewish Rabbi, volunteers trained to serve as religious education and nurture aids, and several Pastors of churches in the community.

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## CLOTHING STORE

The Clothing Store now in operation west of the Community Center is an important addition to our facility. The store is operated very much like a clothing store in any town; it has a shoe department and fitting rooms and all merchandise is displayed on hanging racks or gondolas.

Store hours are from 9:00 a.m. to 11:30 a.m., and from 1:00 p.m. to 4:30 p.m.

Each resident can select his or her own choice of style, color, etc. Each article that has to be altered is left for the work to be done and the ward personnel are notified when the work is completed.

Ample room for those using wheelchairs is provided throughout the store. The staff feels that this store will encourage the residents to take more pride in their own clothing.

Clothing is selected and delivered by the staff for those not capable of shopping at the Clothing Store.

## VOLUNTEER SERVICE PROGRAM

Basically, Volunteer Service encourages community participation in the following: religion, recreation, sponsorship, music programs, entertainment, and gifts of fruit, candy, and toys.

The Volunteer Service staff is always ready to conduct tours, giving visitors an insight into the everyday routine of the resident.

The program is designed to enhance the life of those who make their home at Marshall State School and Hospital.

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## ADMINISTRATIVE SERVICES

Administrative services are provided under the office of the Assistant Superintendent, Administration, who is responsible for general management and supervision of all departments not involving direct resident care.

Departments directly responsible to the Assistant Superintendent, Administration, include: Management and Purchasing, Accounting, Personnel, Administrative, Maintenance, Dietary, Laundry, Duplicating, Fire and Safety, Security, Stores, Clothing, Powerhouse, Housekeeping and Sanitation, Data Processing and Resource Investigation. There are approximately 200 persons employed in these departments.

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## COMMUNITY RELATIONS

The Community Relations Assistant works toward a better understanding between the staff and persons outside the facility -- particularly parents of the residents.

A newsletter sent to parents every other month describes activities of the Marshall State School and Hospital Association for Retarded Children as well as programs being launched at the School, new staff members, and events for the residents. A newsletter for the staff and press releases concerning the facility are prepared with the approval of the Superintendent and submitted to newspapers, radio and television stations in the area.

Great care is taken to guard the individual resident's right to privacy, and parental permission is obtained before showing or publishing a picture of a resident or his name.